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Date

2/8/02

Laura Rae Jensen

Applicants : Richard Soltys et al.  
Application No. : 10/017,276  
Filed : December 13, 2001  
For : METHOD, APPARATUS AND ARTICLE FOR RANDOM  
SEQUENCE GENERATION AND PLAYING CARD  
DISTRIBUTION  
Art Unit : 3711  
Docket No. : 120109.406  
Date : February 8, 2002

Box Missing Parts  
Commissioner for Patents  
Washington, DC 20231

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Commissioner for Patents:

In response to the Notice to File Missing Parts dated January 25, 2002, please find enclosed the following documents:

- Fee  
 Oath/Declaration  
 Copy of Notice to File Missing Parts  
 Sheets of Formal Drawings

Respectfully submitted,  
Richard Soltys et al.  
Seed Intellectual Property Law Group PLLC

Frank Abramonte  
Registration No. 38,066

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FEB 22 2002

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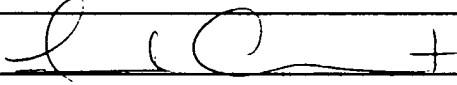
**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/017,276        |
| Filing Date          | December 13, 2001 |
| First Named Inventor | Richard Soltys    |
| Group Art Unit       | 3711              |
| Examiner Name        |                   |
| Attorney Docket No.  | 120109.406        |

**ENCLOSURES (check all that apply)**

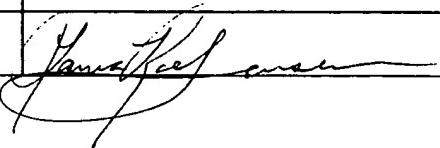
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**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                 |   |   |
|-----------------|---|---|
| Individual Name | Frank Abramonte   | <br>00500<br>PATENT TRADEMARK OFFICE |
| Signature       |  |   |
| Date            | February 8, 2002  |   |

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| Typed or printed name | Laura Rae Jensen  |                        |
| Signature             |  | Date: February 8, 2002 |



# FEE TRANSMITTAL for FY 2002

*Patent fees are subject to annual revision.*

|                                |              |              |                            |                   |
|--------------------------------|--------------|--------------|----------------------------|-------------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\\$)</b> | <b>1,305</b> | <b>Attorney Docket No.</b> | <b>120109.406</b> |
|--------------------------------|--------------|--------------|----------------------------|-------------------|

| <b>METHOD OF PAYMENT</b>   |  |                                     |                         |  | <b>FEES CALCULATION (continued)</b>  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
|--|--|-------------------------------------|-------------------------|--|--|---------------------|----------------------|---|--------------------------|-------------------------------|-------------------------------------|-------------------------|--------------------------|--|------------|-----------|--------------------------|--|-----------------|-----------|-------------------------------------|-------------------------|----------|------------------------|-------------------------------------|--|-----|-----|-----|---------------------|---|-----------------------------------|-----|--------------------|-----|-----|---------------------------|----------|----------|---------------------------------------|----------|-------|---|-------------------|-----|------|-----|--|--|------------------------|-----|--------|-----|------------------|---|--|-----|-----------------------------------|-----|-----|--|-----|-----|-----------------------|-----|---------------------------------------|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|-----|-----|--|-----|--------------|--|--|-----|----------|-----|-----------------------|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|----------------------|
| <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |  |                                     |                         |  | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>SUBTOTAL (3) (\$ 65)</td></tr> </tbody> </table> |                     |                      |   |                          | <u>Large Entity</u>           |                                     | <u>Small Entity</u>     |                          |  | Fee Code   | Fee (\$)  | Fee Code                 | Fee (\$)   | Fee Description | Fee Paid  | 105                                 | 130                     | 205      | 65                     | Surcharge - late filing fee or oath | 65   | 127 | 50  | 227 | 25                  | Surcharge - late provisional filing fee or cover sheet. |                                   | 139 | 130                | 139 | 130 | Non-English specification |          | 147      | 2,520                                 | 147      | 2,520 | For filing a request for ex parte reexamination |                   | 112 | 920* | 112 | 920*   | Requesting publication of SIR prior to Examiner action |                        | 113 | 1,840* | 113 | 1,840*           | Requesting publication of SIR after Examiner action |  | 115 | 110                               | 215 | 55  | Extension for reply within first month |     | 116 | 400                   | 216 | 200                                   | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |     | 128 | 1,960  | 228 | 980          | Extension for reply within fifth month |  | 119 | 320      | 219 | 160                   | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive – unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | SUBTOTAL (3) (\$ 65) |
| <u>Large Entity</u>  |  | <u>Small Entity</u>                 |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Fee Code   | Fee (\$)   | Fee Code                            | Fee (\$)                | Fee Description  | Fee Paid   |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 105  | 130  | 205                                 | 65                      | Surcharge - late filing fee or oath  | 65   |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 127  | 50   | 227                                 | 25                      | Surcharge - late provisional filing fee or cover sheet.                    |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 139  | 130  | 139                                 | 130                     | Non-English specification  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 147  | 2,520  | 147                                 | 2,520                   | For filing a request for ex parte reexamination                            |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 112  | 920*   | 112                                 | 920*                    | Requesting publication of SIR prior to Examiner action                     |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 113  | 1,840*   | 113                                 | 1,840*                  | Requesting publication of SIR after Examiner action                        |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 115  | 110  | 215                                 | 55                      | Extension for reply within first month                                     |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 116  | 400  | 216                                 | 200                     | Extension for reply within second month                                    |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 117  | 920  | 217                                 | 460                     | Extension for reply within third month                                     |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 118  | 1,440  | 218                                 | 720                     | Extension for reply within fourth month                                    |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 128  | 1,960  | 228                                 | 980                     | Extension for reply within fifth month                                     |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 119  | 320  | 219                                 | 160                     | Notice of Appeal   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 120  | 320  | 220                                 | 160                     | Filing a brief in support of an appeal                                     |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 121  | 280  | 221                                 | 140                     | Request for oral hearing   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 138  | 1,510  | 138                                 | 1,510                   | Petition to institute a public use proceeding                              |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 140  | 110  | 240                                 | 55                      | Petition to revive – unavoidable   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 141  | 1,280  | 241                                 | 640                     | Petition to revive – unintentional   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 142  | 1,280  | 242                                 | 640                     | Utility issue fee (or reissue)   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 143  | 460  | 243                                 | 230                     | Design issue fee   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 144  | 620  | 244                                 | 310                     | Plant issue fee  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 122  | 130  | 122                                 | 130                     | Petitions to the Commissioner  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 123  | 50   | 123                                 | 50                      | Petitions related to provisional applications                              |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 126  | 180  | 126                                 | 180                     | Submission of Information Disclosure Stmt                                  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 581  | 40   | 581                                 | 40                      | Recording each patent assignment per property (times number of properties) |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 146  | 740  | 246                                 | 370                     | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 149  | 740  | 249                                 | 370                     | For each additional invention to be examined (37 CFR § 1.129(b))           |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 179  | 740  | 279                                 | 370                     | Request for Continued Examination (RCE)                                    |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 169  | 900  | 169                                 | 900                     | Request for expedited examination of a design application                  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Other fee (specify) _____  |  |                                     |                         |  | SUBTOTAL (3) (\$ 65)   |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <input checked="" type="checkbox"/> Deposit Account:<br><table border="1"> <tr><td>Deposit Account Number</td><td>19-1090</td></tr> <tr><td>Deposit Account Name</td><td>Seed Intellectual Property Law Group PLLC</td></tr> </table> <p>The Commissioner is authorized to (check all that apply)</p> <table> <tr><td><input type="checkbox"/></td><td>Charge fee(s) indicated below</td><td><input checked="" type="checkbox"/></td><td>Credit any overpayments</td></tr> <tr><td><input type="checkbox"/></td><td>Charge any additional fee(s) during the pendency of this application</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Charge fee(s) indicated below, except for the filing fee</td><td></td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Charge any deficiencies</td><td></td><td></td></tr> </table> <p>to the above-identified deposit account.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>  |  |                                     |                         |  | Deposit Account Number   | 19-1090             | Deposit Account Name | Seed Intellectual Property Law Group PLLC | <input type="checkbox"/> | Charge fee(s) indicated below | <input checked="" type="checkbox"/> | Credit any overpayments | <input type="checkbox"/> | Charge any additional fee(s) during the pendency of this application |            |           | <input type="checkbox"/> | Charge fee(s) indicated below, except for the filing fee |                 |           | <input checked="" type="checkbox"/> | Charge any deficiencies |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Deposit Account Number   | 19-1090  |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Deposit Account Name   | Seed Intellectual Property Law Group PLLC                            |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <input type="checkbox"/>   | Charge fee(s) indicated below  | <input checked="" type="checkbox"/> | Credit any overpayments |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <input type="checkbox"/>   | Charge any additional fee(s) during the pendency of this application |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <input type="checkbox"/>   | Charge fee(s) indicated below, except for the filing fee             |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <input checked="" type="checkbox"/>  | Charge any deficiencies  |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <b>FEES CALCULATION</b>  |  |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th colspan="4">Fee Description</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="4"></th> <th colspan="2"></th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td colspan="4">Utility filing fee</td><td colspan="2">370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td colspan="4">Design filing fee</td><td colspan="2"></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td colspan="4">Plant filing fee</td><td colspan="2"></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td colspan="4">Reissue filing fee</td><td colspan="2"></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td colspan="4">Provisional filing fee</td><td colspan="2"></td></tr> <tr><td colspan="4"></td><td colspan="4">SUBTOTAL (1)</td><td colspan="2">(\$ 370)</td></tr> </tbody> </table>   |  |                                     |                         |  |  |                     |                      |   |                          | <u>Large Entity</u>           |                                     | <u>Small Entity</u>     |                          | Fee Description  |            |           |                          | Fee Paid   |                 | Fee Code  | Fee (\$)                            | Fee Code                | Fee (\$) |                        |                                     |  |     |     |     | 101                 | 740   | 201                               | 370 | Utility filing fee |     |     |                           | 370      |          | 106                                   | 330      | 206   | 165   | Design filing fee |     |      |     |  |  | 107                    | 510 | 207    | 255 | Plant filing fee |   |  |     |                                   |     | 108 | 740                                    | 208 | 370 | Reissue filing fee    |     |                                       |   |  |     | 114 | 160 | 214 | 80                                     | Provisional filing fee                             |     |       |     |     |   |     |     |  |     | SUBTOTAL (1) |  |  |     | (\$ 370) |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <u>Large Entity</u>  |  | <u>Small Entity</u>                 |                         | Fee Description  |  |                     |                      | Fee Paid                                  |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Fee Code   | Fee (\$)   | Fee Code                            | Fee (\$)                |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 101  | 740  | 201                                 | 370                     | Utility filing fee   |  |                     |                      | 370                                       |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 106  | 330  | 206                                 | 165                     | Design filing fee  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 107  | 510  | 207                                 | 255                     | Plant filing fee   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 108  | 740  | 208                                 | 370                     | Reissue filing fee   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 114  | 160  | 214                                 | 80                      | Provisional filing fee   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
|  |  |                                     |                         | SUBTOTAL (1)   |  |                     |                      | (\$ 370)                                  |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>56</td> <td>-20** = 36</td> <td>* 9 = 324</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>16</td> <td>-3** = 13</td> <td>* 42 = 546</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"> <table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th colspan="4">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="4"></th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td colspan="4">Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td colspan="4">** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td colspan="4">** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="4"></td><td colspan="4">SUBTOTAL (2) (\$ 870)</td></tr> </tbody> </table> </td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> |  |                                     |                         |  |  |                     |                      |   |                          | Total Claims                  | Extra Claims                        | Fee from below          | Fee Paid                 | 56   | -20** = 36 | * 9 = 324 |                          | Independent Claims                                       | 16              | -3** = 13 | * 42 = 546                          | Multiple Dependent      |          |                        |                                     | <table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th colspan="4">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="4"></th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td colspan="4">Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td colspan="4">** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td colspan="4">** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="4"></td><td colspan="4">SUBTOTAL (2) (\$ 870)</td></tr> </tbody> </table> |     |     |     | <u>Large Entity</u> |   | <u>Small Entity</u>               |     | Fee Description    |     |     |                           | Fee Code | Fee (\$) | Fee Code                              | Fee (\$) |       |   |                   |     | 103  | 18  | 203  | 9  | Claims in excess of 20 |     |        |     | 102              | 84  | 202  | 42  | Independent claims in excess of 3 |     |     |  | 104 | 280 | 204                   | 140 | Multiple dependent claim, if not paid |   |  |     | 109 | 84  | 209 | 42                                     | ** Reissue independent claims over original patent |     |       |     | 110 | 18                                      | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |              |  |  |     |          |     | SUBTOTAL (2) (\$ 870) |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Total Claims   | Extra Claims   | Fee from below                      | Fee Paid                |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 56   | -20** = 36   | * 9 = 324                           |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Independent Claims   | 16   | -3** = 13                           | * 42 = 546              |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Multiple Dependent   |  |                                     |                         |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th colspan="4">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="4"></th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td colspan="4">Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td colspan="4">** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td colspan="4">** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="4"></td><td colspan="4">SUBTOTAL (2) (\$ 870)</td></tr> </tbody> </table>   |  |                                     |                         | <u>Large Entity</u>  |  | <u>Small Entity</u> |                      | Fee Description                           |                          |                               |                                     | Fee Code                | Fee (\$)                 | Fee Code   | Fee (\$)   |           |                          |  |                 | 103       | 18                                  | 203                     | 9        | Claims in excess of 20 |                                     |  |     | 102 | 84  | 202                 | 42  | Independent claims in excess of 3 |     |                    |     | 104 | 280                       | 204      | 140      | Multiple dependent claim, if not paid |          |       |   | 109               | 84  | 209  | 42  | ** Reissue independent claims over original patent |  |                        |     | 110    | 18  | 210              | 9   | ** Reissue claims in excess of 20 and over original patent |     |                                   |     |     |  |     |     | SUBTOTAL (2) (\$ 870) |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| <u>Large Entity</u>  |  | <u>Small Entity</u>                 |                         | Fee Description  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| Fee Code   | Fee (\$)   | Fee Code                            | Fee (\$)                |  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 103  | 18   | 203                                 | 9                       | Claims in excess of 20   |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 102  | 84   | 202                                 | 42                      | Independent claims in excess of 3  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 104  | 280  | 204                                 | 140                     | Multiple dependent claim, if not paid                                      |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 109  | 84   | 209                                 | 42                      | ** Reissue independent claims over original patent                         |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
| 110  | 18   | 210                                 | 9                       | ** Reissue claims in excess of 20 and over original patent                 |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |
|  |  |                                     |                         | SUBTOTAL (2) (\$ 870)  |  |                     |                      |   |                          |                               |                                     |                         |                          |  |            |           |                          |  |                 |           |                                     |                         |          |                        |                                     |  |     |     |     |                     |   |                                   |     |                    |     |     |                           |          |          |                                       |          |       |   |                   |     |      |     |  |  |                        |     |        |     |                  |   |  |     |                                   |     |     |  |     |     |                       |     |                                       |   |  |     |     |     |     |  |  |     |       |     |     |   |     |     |  |     |              |  |  |     |          |     |                       |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                      |

| <b>SUBMITTED BY</b>   |                 |                                     |                  |
|-----------------------|-----------------|-------------------------------------|------------------|
| Name<br>(Print/Type)  | Frank Abramonte | Registration No.<br>Attorney/Agent) | 38,066           |
| Firm Name/<br>Address |                 |                                     |                  |
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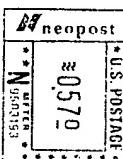
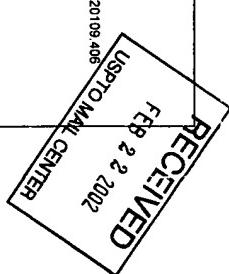
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|--------------------|---------------------|-----------------------|------------------------|
| 10/017,276         | 12/13/2001          | Richard Soltys        | 120109.406             |

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**CONFIRMATION NO. 6054**  
**FORMALITIES LETTER**


\*OC000000007366889\*

Date Mailed: 01/25/2002

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**
**FILED UNDER 37 CFR 1.53(b)**
*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- Total additional claim fee(s) for this application is \$870.
  - \$324 for 36 total claims over 20.
  - \$546 for 13 independent claims over 3 .
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1305.**

*A copy of this notice MUST be returned with the reply.*

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